Schedule E)	PAGE 1 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Amend	Is report filed on 10 02 2014
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCAT	Date of Public Distribution/Dissemination
	09 30 2014
Mailing Address 100 Indiana Avenue, N.W.	Amount
City State Zip Code	612.48
Washington DC 20001	Transaction ID : D543089 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type	001 09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Supp	port Office Sought: House District: 00
MARK E UDALL Opp	ose President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 20335.27	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Grassroots Solutions	Date of Public Distribution/Dissemination
	09 / 30 / Y Y Y Y Y
Mailing Address 2828 University Avenue SE, #150	Amount
City State Zip Code	775.93
Minneapolis MN 55414	Transaction ID : D543106 Date of Disbursement or Obligation
Purpose of Expenditure Canvasser Category/ Type	001
Name of Federal Candidate Sup	port Office Sought: House District: 00
TERRI LYNN LAND	ose President X Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 46747.13	Disbursement For: Primary General 2014
(a) SUBTOTAL of Itemized Independent Expenditures	1388.41
(b) SUBTOTAL of Unitemized Independent Expenditures	············ >
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Signature	Date 10 17 2014
Oignatul o	

Schedule E)		PAGE 2 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	t X Amends report fil	ed on 10 02 2014
Full Name of Payee		Date of Public Distribution/Dissemination
Grassroots Solutions		09 30 Y 2014
Mailing Address 2828 University Avenue SE, #150		Amount
City State Z	Zip Code	775.93
	55414	Transaction ID : D543108 Date of Disbursement or Obligation
Purpose of Expenditure Canvasser	Category/ Type 001	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District: 00
GARY PETERS	Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought	6747.13 Dis	sbursement For: Primary
Full Name of Payee Voices of the American Federation of Government Mailing Address 80 F Street, NW	Employees	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Z	Zip Code	0.82
	20001	Transaction ID : D543110 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel	Category/ Type 002	09 30 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
CORY GARDNER	Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	776.75
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronical	ally Filed] Date	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed of	on 10 / 02 / 2014
	Date of Public Distribution/Dissemination
Voices of the American Federation of Government Employees	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 80 F Street, NW	Amount
City State Zip Code	65.40
Washington DC 20001	Transaction ID : D543112 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	09 / 30 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
ALISON LUNDERGAN GRIMES	President X Senate State: KY
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary ☐ General Other (specify) ▶
Full Name of Payee	
Voices of the American Federation of Government Employees	Date of Public Distribution/Dissemination 09 09 09 09 09 09
Mailing Address 80 F Street, NW	Amount
City State Zip Code	219.33
Washington DC 20001	Transaction ID : D543113 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 30 / Y 2014
Name of Federal Candidate Support Office	Sought: House District: 00
MARK E UDALL Oppose	President State: CO
Calendar Year-To-Date Per Election for Office Sought Disburs 20335.27	rsement For: Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	284.73
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 4 1 4 1 6
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE

OF

13

Schedule E)	INDENT EXICIO	HONES		PAGE 4 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hour re	port New rep	oort X Amends repo	rt filed on 10	02 2014
Full Name of Payee Voices of the American Fede	ration of Governr	nent Employees	M = M	c Distribution/Dissemination
Mailing Address 80 F Street, NW			09 Amount	30 2014
City	State	Zip Code		65.40
Washington	DC	20001	Transaction Date of Disbu	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M 09	/ 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		Oppose		Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		44527.54	Disbursement For: 2014 Other (sp	Primary X General
Full Name of Payee Voices of the American Federa	tion of Governmer	nt Employees	Date of Publi	ic Distribution/Dissemination
Mailing Address 80 F Street, NW			09 Amount	30 2014
City	State	Zip Code		94.40
Washington	DC	20001	Transaction II Date of Disb	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M M M 09	30 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		20335.27	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures		·	159.80
(b) SUBTOTAL of Unitemized Independent	Expenditures			
				4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 / D D D 17	2014
Signature				

Schedule E)	I EXI END	TTOTILO		PAGE 5 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour report	New rep	ort X Amends repo	rt filed on 10	02 2014
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
AFL-CIO			09 09	30 / Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		0.45
Washington	DC	20006		ID: D543145 oursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09	30 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		X Oppose	President	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	, , ,	44527.54	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee	-		Date of Pub	lic Distribution/Dissemination
AFL-CIO			09	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		14.92
Washington	DC	20006	Transaction Date of Disk	ID: D543146 pursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 09	30 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7 7	20335.27	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	98			15.37
			-	4 4
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 17	2014
Signaturo				

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report X Amends report filed	on 10 / 02 / 2014
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
	09 30 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	34.46
Washington DC 20006	Transaction ID : D543147 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
GARY PETERS Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
AFL-GIO	09 / 30 / 2014
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	14.77
Washington DC 20006	Transaction ID : D543152 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	09 / 30 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
TERRI LYNN LAND Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary X General Other (specify) ▶
	,,
(a) SUBTOTAL of Itemized Independent Expenditures	49.23
(b) SUBTOTAL of Unitemized Independent Expenditures	
	45.
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Elizabeth H Shuler [Electronically Filed] Date	0 17 2014
Signature	

Schedule E)	PAGE 7 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed	d on 10 02 2014
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
Mailing Address 815 - 16th Street, NW	09 30 2014 Amount
City.	0.45
City State Zip Code Washington DC 20006	0.45 Transaction ID : D543154 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 004	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: House District: 00
ALISON LUNDERGAN GRIMES Oppose	President State: KY
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
AFT Solidarity 527	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 555 New Jersey Ave. N.W.	Amount
City State Zip Code	41.10
Washington DC 20001	Transaction ID : D543157 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 30 7 2014
Name of Federal Candidate Support Office	ce Sought: House District:00
TERRI LYNN LAND Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	41.55
(a) COSTOTAL OF ROMEON Exponential Communication	71.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
[Electronically Filed] Date	10 17 2014
Signature	

Schedule E)	DENI EM EILE.	1101120		PAGE 8 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hour repo	ort New repo	oort X Amends repo	ort filed on 10	02 2014
Full Name of Payee AFT Solidarity 527			M = M	ic Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.			Amount	30 2014
City	State	Zip Code		82.20
Washington	DC	20001		ID : D543160 bursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09	30 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		46747.13	Disbursement For: 2014 Other (s	Primary
UFCW Int'l Union Working Famil Mailing Address 1775 K Street, NW	ies Advocacy Pro	oject 	M 09 Amount	30 / 2014
City	State	Zip Code		106.16
Washington	DC	20006-1598	Transaction Date of Disk	ID: D543164 pursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
MITCH MCCONNELL		X Oppose	President	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		44527.54	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
(a) SUBTOTAL of Itemized Independent Exp	enditures			188.36
(b) SUBTOTAL of Unitemized Independent E	xpenditures		· •	492 1 452
(c) TOTAL Independent Expenditures			>	4
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date	e 10 17	2014
Signature				

Schedule E)	ZIVI ZXI ZIV	Birones	PAGE 9 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New r	eport X Amends repo	rt filed on 10 02 2014
Full Name of Payee UFCW Int'l Union Working Fam	ilies Advocac	y Project	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			Amount 2014
City Washington	State	Zip Code 20006-1598	121.50 Transaction ID : D543168
Purpose of Expenditure InKind Staff		Category/ Type 001	Date of Disbursement or Obligation 09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	46747.13	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee UFCW Int'l Union Working Familie	s Advocacy P	roject	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW			09 30 2014 Amount
City	State	Zip Code	236.11
Washington	DC	20006-1598	Transaction ID : D543169 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 / 30 / 2014
Name of Federal Candidate GARY PETERS		Support Oppose	Office Sought: House District: 00 President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		46747.13	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		357.61
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			>
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	10 17 2014

Schedule E)	PAGE 10 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed o	on 10 02 / Y = Y = Y = Y
Full Name of Payee UFCW Int'l Union Working Families Advocacy Project	Date of Public Distribution/Dissemination
Mailing Address 1775 K Street, NW	Amount
City State Zip Code	106.16
Washington DC 20006-1598	Transaction ID : D543170 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 30 / 2014
Name of Federal Candidate Support Office	Sought: House District:00
ALISON LUNDERGAN GRIMES	President State: KY
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	resement For:
Full Name of Payee Retail, Wholesale and Department Store Union International Treasury Account	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 30 E29th St.	Amount
City State Zip Code	64.32
100.0	Transaction ID : D543181 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	M 09 / 30 / Y 2014
Name of Federal Candidate Support Office	Sought: House District: 00
GARY PETERS —	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	170.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date Signature	0 17 2014

Schedule E)	TI EXI END	II OILEO		PAGE 11 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New rep	oort X Amends repo	ort filed on 10	
Full Name of Payee Rocky Mountain Voter Outreach, L	LC		M	
Mailing Address 899 Logan Street, Suite 300			Amount	
City	State	Zip Code		508.00
Denver	СО	80203		ction ID : D543184 Disbursement or Obligation
Purpose of Expenditure Canvasser		Category/ Type 001	М	
Name of Federal Candidate		Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		20335.27	Disbursement I 2014 Oth	For: Primary X General er (specify) ►
Full Name of Payee AFSCME for Michigan Mailing Address 1625 L Street, NW			M	Public Distribution/Dissemination
City	State	Zip Code	[529.94
Washington	DC	20036		tion ID : D543191 Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		9 / 30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
GARY PETERS		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		46747.13	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	1037.94
(b) SUBTOTAL of Unitemized Independent Expendi	itures		· •	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidary party committee) any political party committee or its	ate or authorized			
Ms. Elizabeth H Shuler	[Electron	nically Filed] Date		17 2014
Signature				

Schedule E)		L/((L.())	101120				PAGE 12 FOR SE OF		13 48
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATION		
Workers' Voice						С	C00484287		\Box
Check if 24-hour report	X 48-hour report	New repo	ort X Am	nends repo	ort filed on	10 /	02	2014	Y
Full Name of Payee AFSCME for Michigan	gan				Date	M M	c Distribution/	YYY	
Mailing Address 1625 L Stre	et, NW				Amo	09 ount	30	2014	
City		State	Zip Code					159.	62
Washington	_	DC	20036				ID: D543193 ursement or C		
Purpose of Expenditure Inkind Staff Travel			Category/ Type	002		M 09	30	2014	Y
Name of Federal Candidate			<u> </u>	Support	Office Soug	ıht:	House	District:(00
TERRI LYNN LAND				Oppose	Presi	· _	Senate	State: N	ИІ
Calendar Year-To-Date Per Election for Office	Sought		46747.13		Disburseme 2014	ent For: Other (sp	Primary Decify) ►	∑ Ger	neral
Full Name of Payee AFSCME for Michiga Mailing Address 1625 L S	an Street, NW				Date	09	c Distribution	/Disseminati Y Y Y Y 2014	
City	<u></u>	State	Zip Code		-			171.6	6
Washington		DC	20036				D: D543195 ursement or 0		
Purpose of Expenditure Inkind Staff Travel			Category/ Type	002] I	M 09	30	2014	Y
Name of Federal Candidate				Support	Office Sou	ght:	House	District:	00
GARY PETERS				Oppose	Presi	dent	X Senate	State:	MI
Calendar Year-To-Date Per Election for Office	Sought		46747.1	3	Disburseme 2014	ent For: Other (sp	Primary	∑ Ger	neral
(a) SUBTOTAL of Itemized I	ndependent Expenditures						1 7	331.28	
(b) SUBTOTAL of Unitemize	d Independent Expenditure	∍s			· • [
(c) TOTAL Independent Expo	enditures				· [-	1 7		
Under penalty of perjury I ce with, or at the request or sug party committee) any political	gestion of, any candidate	or authorized							
Ms. Elizabeth H S	huler	[Electroni	ically Filed]	Date	m m m	17	/ Y Y 201	4 Y	
Signature									

Schedu	ile E)			PAGE 13 OF 13 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				DENTIFICATION NUMBER ▼	
VVOrke	ers' Voice		C	C00484287	
Check if 24-hour report X 48-hour report New report X Amends report filed on 10 02 2014					
Full N US	Name of Payee SW Works		M = M	c Distribution/Dissemination	
Mailir	ng Address FIVE GATEWAY CENTER		09 Amount	30 2014	
City	State	Zip Code		20.52	
Pittsl	burgh PA	15222	Transaction Date of Disbu		
	ose of Expenditure nd Staff	Category/ Type 001	M M M 09	30 / 2014	
Name	e of Federal Candidate	Support	Office Sought:	House District:00	
MAR	RK E UDALL	Oppose		Senate State: CO	
	Calendar Year-To-Date Per Election for Office Sought	20335.27	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ►	
Full N	Name of Payee		Date of Publi	ic Distribution/Dissemination	
			M = M	/ D D / Y Y Y Y	
Mailir	ng Address		Amount		
			Amount		
City	State	Zip Code			
			Date of Disb	ursement or Obligation	
Purpo	ose of Expenditure	Category/ Type	M = M	/ D = D / Y = Y = Y	
Name	e of Federal Candidate	Support	Office Sought:	House District:	
		Oppose	President	Senate State:	
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	Primary General	
	Tot Election for Smoo Stagen		Other (sp	pecify)	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TO	(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
		nically Filed] Date	10 17	2014	
Sig	nature				